



Promoting Interoperability
PROGRAMS

Medicare Promoting Interoperability Program
Hospital Quality Reporting (HQR) User Guide for
Eligible Hospitals and Critical Access Hospitals
CY 2024 Reporting Period



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I. About this User Guide

This guide will provide users the necessary tools to register, log in, and navigate within the Hospital Quality Reporting (HQR) system. It will contain the steps needed to submit data for the Medicare Promoting Interoperability Program including electronic clinical quality measure (eCQM) data.

Data submission using the *HQR Secure Portal* is the only Centers for Medicare & Medicaid Services (CMS)-approved method for secure communications and health care quality data exchange between healthcare providers/vendors and CMS for the purposes of the Medicare Promoting Interoperability Program. All files and data exchanged with CMS via the *HQR Secure Portal* are encrypted during transmission and are stored in an encrypted format until the recipient downloads the data. The *HQR Secure Portal* meets all requirements of the Health Insurance Portability and Accountability Act of 1996.

Eligible hospitals and critical access hospitals (CAHs) can avoid payment reductions under the Medicare Promoting Interoperability Program by demonstrating their meaningful use of certified electronic health record technology (CEHRT) to improve patient care. Those participating in the Medicare Promoting Interoperability Program for calendar year (CY) 2024 must use the [Office of the National Coordinator \(ONC\) health Information Technology \(IT\) certification criteria](#) to meet the CEHRT requirement. Hospitals wanting to take part in the program and avoid payment reductions under the Medicare Promoting Interoperability Program will access the HQR system to submit CY 2024 data by the **submission deadline of February 28, 2025, at 11:59 p.m. PT:**

- Promoting Interoperability Registration (New Hospitals Only)
 - Registration Information
 - Business Information
 - Registration Disclaimer
- Web-Based Measure Data
 - Attestation Information/Disclaimer
 - Objectives and Measures
- eCQM Data

For complete information on the CY 2024 Medicare Promoting Interoperability Program requirements, refer to the [Program Requirements page on cms.gov.](#)

CMS will announce through Listserv communications once the HQR system is open and available to receive web-based measure data including Quality Reporting Document Architecture (QRDA) Category I file submissions for both test and production. Authorized data submitters can upload, delete, and edit their data submissions until the CMS submission deadline. The *HQR Secure Portal* does not allow data to be submitted or corrected after the annual submission deadline.

To ensure you and your staff receive these important notices, sign up for the [Promoting Interoperability Program Listserve](#) and the [HIQR EHR Notify Listserve](#).

CY 2024 HQR User Guide for the Medicare Promoting Interoperability Program

Contact Information

Topic	Contact	Phone	Link/Email
HQR System (user roles, reports, data upload, and troubleshooting file errors)	Center for Clinical Standards and Quality Service Center	(866) 288-8912	QNetSupport@cms.hhs.gov
eCQM specifications, measure logic, standards, and tools	ONC JIRA eCQM Issue Tracker		https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary
QRDA reporting, development, and implementation	ONC Jira QRDA Issue Tracker		https://oncprojecttracking.healthit.gov/support/projects/QRDA/summary
Medicare Promoting Interoperability Program and Hardship Exception Process	Inpatient and Outpatient Healthcare Quality Systems Development and Program Support.	(844) 472-4477	https://cmsqualitysupport.servicenowservices.com/qnet_qa
Hospital IQR Program and Extraordinary Circumstances Exceptions process	Inpatient and Outpatient Healthcare Quality Systems Development and Program Support	(844) 472-4477	https://cmsqualitysupport.servicenowservices.com/qnet_qa

II.HQR System Registration Process

To participate and submit data for reporting in the Medicare Promoting Interoperability Program, eligible hospitals and CAHs must register for access to the HQR System. To log into HQR, users must create a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account. Creating a HARP account provides you with a User ID and password that can be used to sign into the *HQR Secure Portal* and access the necessary user interfaces (applications) for data submission. More information regarding this process can be found on the [Getting Started with QualityNet page](#).

All users requesting access to the HQR System must complete identify proofing to verify their identity. This mandatory registration process is used to maintain the confidentiality and security of healthcare information and data transmitted via the HQR System.

The *HQR Secure Portal* is the only CMS-approved website for secure healthcare quality data exchange to enable facility reporting. HARP is a secure identity management portal for users of the HQR System, and it streamlines the login process by allowing access to all CMS Quality organizations with one login.

These HARP resources are available on the [QualityNet Registration page](#):

- [HARP User Guide](#)
- [HARP Frequently Asked Questions \(FAQ\)](#)
- [HARP Registration Training Video](#)
- [HARP Manual Proofing Training Video](#)

Home /

Getting Started with QualityNet

Registration

- I am an HQR user
- I am an EQRS User

Can't find what you're looking for? Visit the [Question & Answer Tools](#).

Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with [hqr.cms.gov](#) and [eqrs.cms.gov](#) for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for [HARP](#), please view the following resources:

Resource Name	View
HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

For additional help on navigating the HQR system, view the video tutorials on YouTube: https://www.youtube.com/playlist?list=PLaV7m2-zFKpjctAKzszs_jNbXmhvADgcy.

III. Logging into the HQR System

Step 1: Access and log into the *HQR Secure Portal* with your Health Care Quality Information Systems Access Roles and Profile (HARP) User ID and password. (Link: <https://hqr.cms.gov/hqrng/login>)

Note: The screens displayed may vary depending on the user's permissions.

Important: If you do not have a HARP account, then click on the Sign-Up button and follow instructions to create one. For assistance, contact the CCSQ Service Center at QNetSupport@cms.hhs.gov.

The screenshot shows the login interface for the CMS.gov Hospital Quality Reporting system. On the left, there is a blue-tinted image of healthcare professionals with the text 'Welcome to CMS.gov Hospital Quality Reporting'. On the right, the 'Log in' section prompts the user to enter their HARP user ID and password. There are two input fields: 'User ID' and 'Password'. Below these fields, there is a link for 'Having trouble logging in?' and a link for 'Terms & Conditions'. At the bottom of the login section, there are two buttons: 'Log in' (highlighted with a red box) and 'Sign up'.

Step 2: Select an option for two-factor authentication to verify your account. Then, click Next.

The screenshot displays the two-factor authentication screen. The main heading is 'Two-factor authentication'. Below this, the user is prompted to 'Choose an authentication method'. A dropdown menu is open, showing the selected option 'SMS to +1 XXX-XXX-'. Below the dropdown, there is a link that says 'Don't have access to a device? Use another method.'. At the bottom of the screen, there are two buttons: 'Next' (highlighted with a red box) and 'Cancel'.

Step 3: Enter the code received. Then, click Next.

Two-factor authentication

Code sent via SMS to +1 XXX-XXX-

Enter code

[Resend code](#) [Change method](#)

Next Cancel

Step 4: From the landing page, select or change the organization submitting data.

CMS.gov | Hospital Quality Reporting

HSAG Veronica Dunlap

Change Organization

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

My Tasks page is still available for PRS.
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.
[My Tasks](#)

Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease

Step 5: Review the left-hand Navigation menu, to perform actions in the HQR system.

CMS.gov | Hospital Quality Reporting

Change Organization

- Dashboard
- Data Submissions
- Data Results
- Program Reporting
- Administration

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[My Tasks](#)

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The New HQR is Coming

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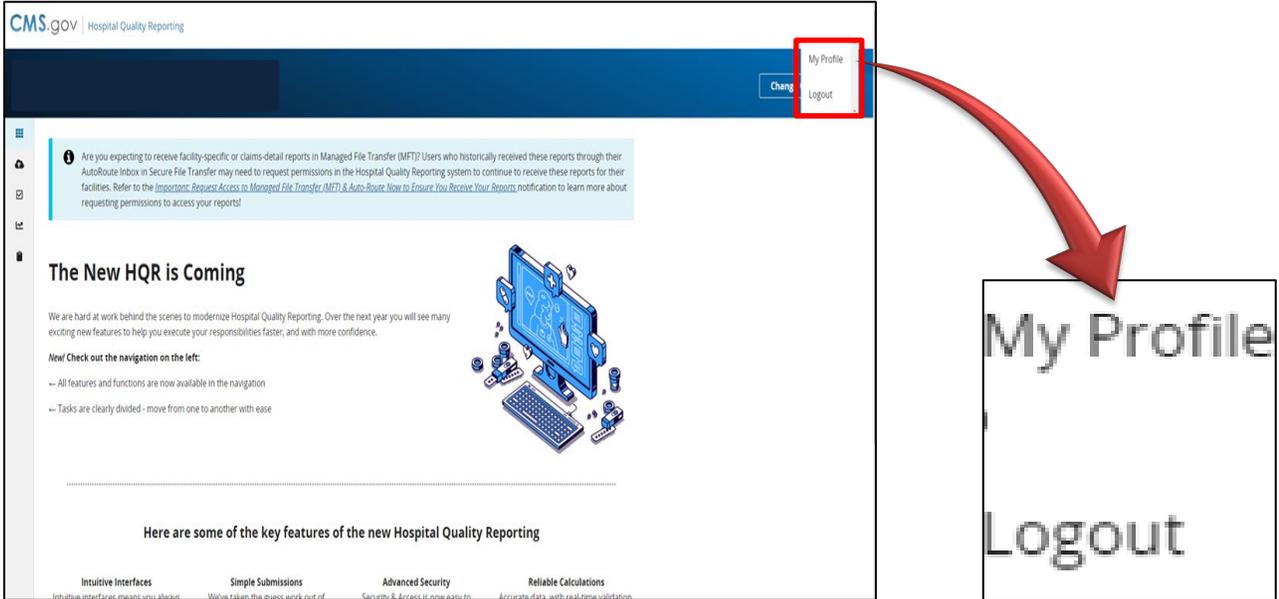
New! Check out the navigation on the left:

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- ← Tasks are clearly divided - move from one to another with ease

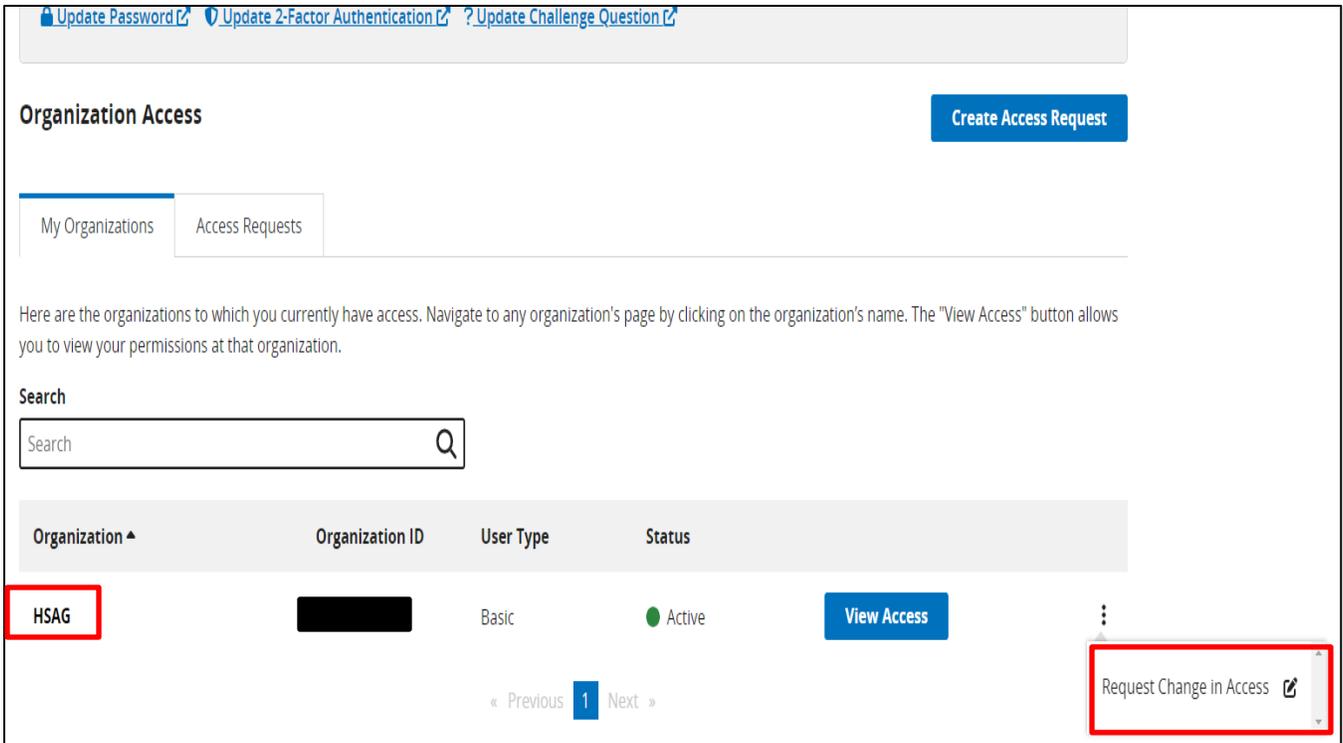
IV. Review, Add and/or Modify User Permissions

Basic users will need to add/edit both the Web-Based Measures and eCQM permissions to view or upload/edit data for the Medicare Promoting Interoperability Program.

Step 1: From landing page, click on Username in the top-right corner. Then, select My Profile.



Step 2: Under Organization, click on the three vertical dots and select Request Change in Access.



Step 3: Under each Permission Type, click Add next to Web-based Measures and eCQM.

Permission Type	Program Access
Chart Abstracted	None Add
DACA	None Add
eCQM	None Add
HCAHPS (File Upload)	None Add
Population & Sampling	None Add
Web-Based Measures	None Add
Submission Results	Program Access

Step 4: Next to the Promoting Interoperability Program (PI), select your permission level for Web-Based Measures and eCQM. Then, click Apply & Close.

Program	No Access	View	Upload / Edit
Inpatient Quality Reporting (IQR)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Promoting Interoperability (PI)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Apply & Close](#) [Cancel](#)

Step 5: Scroll to the bottom of the page and click Review.

Validation	None	Add
Authorizations		Access
Auto-Route (IQR)		<input type="checkbox"/>
Auto-Route (OQR)		<input type="checkbox"/>
Managed File Transfer (MFT)		<input type="checkbox"/>
MFT CDAC Form (Requires MFT Access)		<input type="checkbox"/>
Notice of Participation	None	Add
PI Registration	None	Add
Vendor Management		<input type="checkbox"/>
Back	Review	

CMS.gov | Hospital Quality Reporting

CMS.gov QualityNet Support CCSQ Support Center

Step 6: Review your Access Request for accuracy. Then, click Submit.

Data Submissions	Program Access
Chart Abstracted	IQR (View)
DACA	IPFQR (View) , IQR (View) , PCHQR (View)
eCQM	IQR (View) , PI (View)
HCAHPS (Data Form)	IQR (View) , PCHQR (View)
HCAHPS (File Upload)	IQR (View) , PCHQR (View)
Hybrid measures	IQR (View)
Patient-reported outcomes performance measure	None
Population & Sampling	IQR (View)
Program Management	IPFQR (View) , HVBP (View) , IQR (View)
RTI	None
Structural Measures	IQR (View)
Web-Based Measures	IPFQR (View) , IQR (View) , PCHQR (View) , PI (View)

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Submission Results	Program Access
Chart Abstracted	IQR
eCQM	IQR, PI
HCAHPS	IQR, PCHQR
Population & Sampling	IQR
Web-Based Measures	IPFQR, IQR, PCHQR, PI

[Back](#) [Submit](#)

Step 7: Under Authorizations, click Add to view or upload/edit PI Registration.

Authorizations	Access
Auto-Route (IQR)	<input type="checkbox"/>
Auto-Route (OQR)	<input type="checkbox"/>
Managed File Transfer (MFT)	<input type="checkbox"/>
MFT CDAC Form (Requires MFT Access)	<input type="checkbox"/>
Notice of Participation	None Add
PI Registration	None Add
Vendor Management	<input type="checkbox"/>

[Back](#) [Review](#)

Step 8: Select your permission level. Then, click Apply & Close.

PI Registration ✕ Close

Choose the programs and permission level that you need access to.

Program	No Access	View	Upload / Edit
PI Registration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Apply & Close Cancel

Step 9: Scroll to the bottom of the page and click Review.

Authorizations Access

Auto-Route (IQR)	<input type="checkbox"/>
Auto-Route (OQR)	<input type="checkbox"/>
Managed File Transfer (MFT)	<input type="checkbox"/>
MFT CDAC Form (Requires MFT Access)	<input type="checkbox"/>
Notice of Participation	None Add
PI Registration	Upload / Edit Edit
Vendor Management	<input type="checkbox"/>

Back **Review**

Step 10: Review your Access Request for accuracy. Then, click Submit.

Authorizations	Access
Auto-Route (IQR)	None
Auto-Route (OQR)	None
Managed File Transfer (MFT)	None
MFT CDAC Form (Requires MFT Access)	None
Notice of Participation	None
PI Registration	<i>Upload / Edit</i>
Vendor Management	None

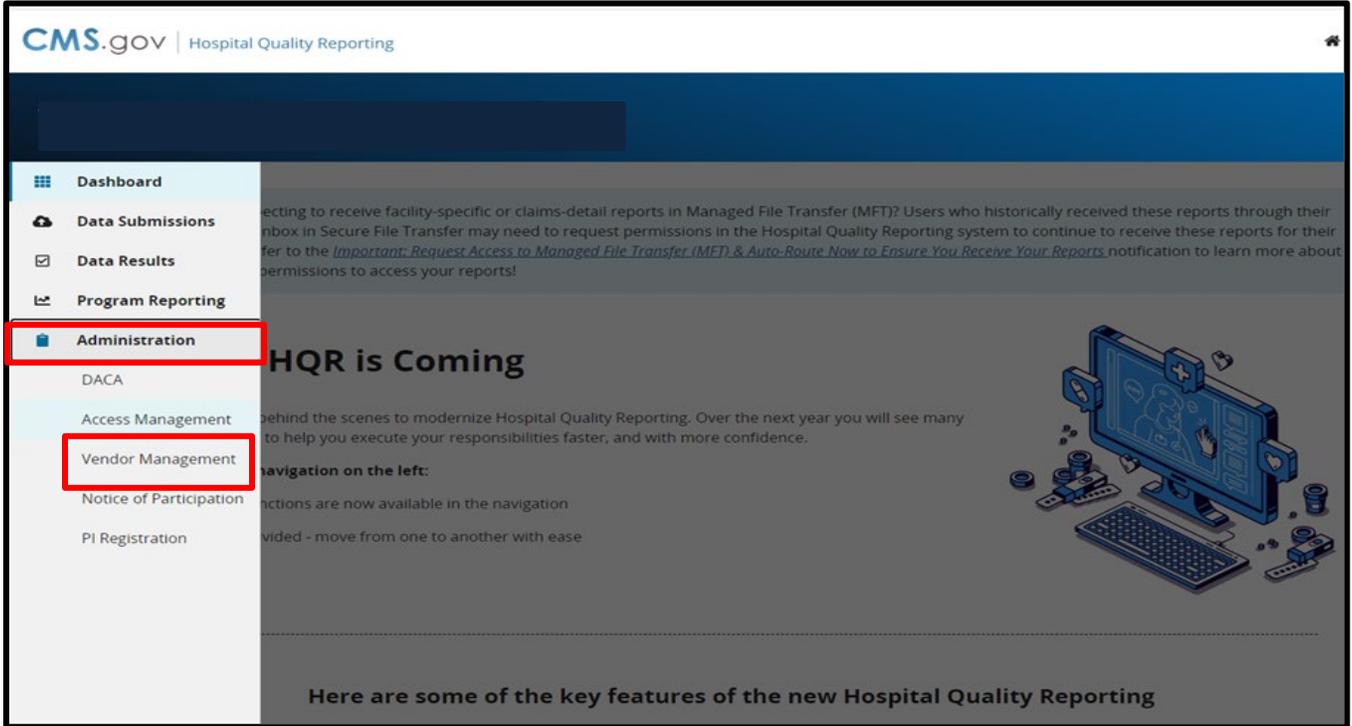
Back

Submit

V. Review, Add and/or Modify Vendor Permissions

Vendor(s) must be authorized to submit eCQM data on the hospital's behalf.

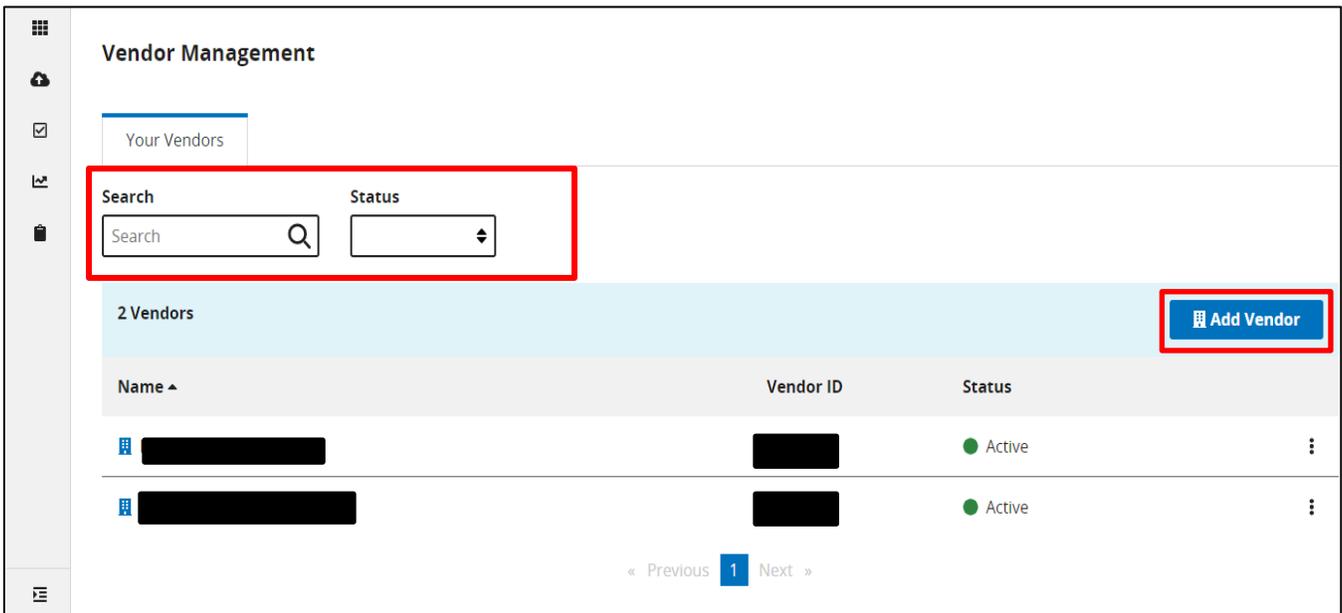
Step 1: From the landing page, click Administration and select Vendor Management.



Step 2: Search for a new vendor and click Add Vendor.

Important: The HQR system will only display vendor(s) assigned with the eCQM role. If you are unable to add your vendor, contact the [CCSQ Service Center](#) for assistance.

Tip: Visit the [HQR YouTube playlist](#) for additional assistance on adding a new vendor.



Step 3: Click the three vertical dots menu to allow the vendor to submit eCQM data on the hospital's behalf. Then, select Edit Access.

The screenshot shows the 'Vendor Management' interface. At the top, there's a 'Your Vendors' tab and a search bar. Below that, a table lists 2 vendors. Each vendor row has a three-dot menu icon on the right side. A red arrow points from this menu icon to a detailed view of the menu options.

A detailed view of the menu options for a vendor. The 'Edit Access' option is highlighted with a red box. Below it are 'Suspend User' and 'Remove User' options.

Step 4: Under each Permission Type, click Add next to eCQM.

The screenshot shows the 'Permissions' section. Under the 'Data Submissions' category, there are three rows: 'Chart Abstracted', 'DACA', and 'eCQM'. Each row has a 'None' status and an 'Add' button. The 'eCQM' row and its 'Add' button are highlighted with red boxes.

Step 5: Select the permission level. Complete the Discharge Quarters and Submission Date fields. Then, click Confirm.

Permissions

No Access
 Upload / Edit
 View

Discharge Quarters

* Start Quarter * Start Year to End Quarter End Year

Do not include an end date

Submission Date

* Start Date * End Date

Do not include an end date

Step 6: Click Apply & Close. For additional changes, click edit and then click Apply & Close.

Data Submissions - eCQM ✕ Close

Promoting Interoperability

By assigning IQR permissions, you are also assigning permission for File Accuracy (for the specified measure set only).

Measure Sets	Discharge Quarter	Submission Date	Permission Level	Actions
eCQM	-	-	-	<input checked="" type="button" value="Add"/>
Hybrid Measures	Q1:01-01-2020 - Ongoing	06-27-2022 - Ongoing	Upload / Edit	<input type="button" value="Edit"/>

Step 7: Scroll to the bottom of the page and click Review.

<p>eCQM</p> <p>Promoting Interoperability</p>	<p>Measure Access</p> <p>(Edit/Upload) ⓘ</p>
--	---

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Web-Based Measures	Measure Access
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	None Add
Inpatient Quality Reporting (IQR)	None Add
Outpatient Quality Reporting (OQR)	None Add

[Cancel](#) [Review](#)

Step 8: Click Save & Close.

eCQM	Measure Access
Promoting Interoperability	 (Edit/Upload) ⓘ

Web-Based Measures	Measure Access
Inpatient Psychiatric Facility Quality Reporting (IPFQR)	None
Inpatient Quality Reporting (IQR)	None
Outpatient Quality Reporting (OQR)	None

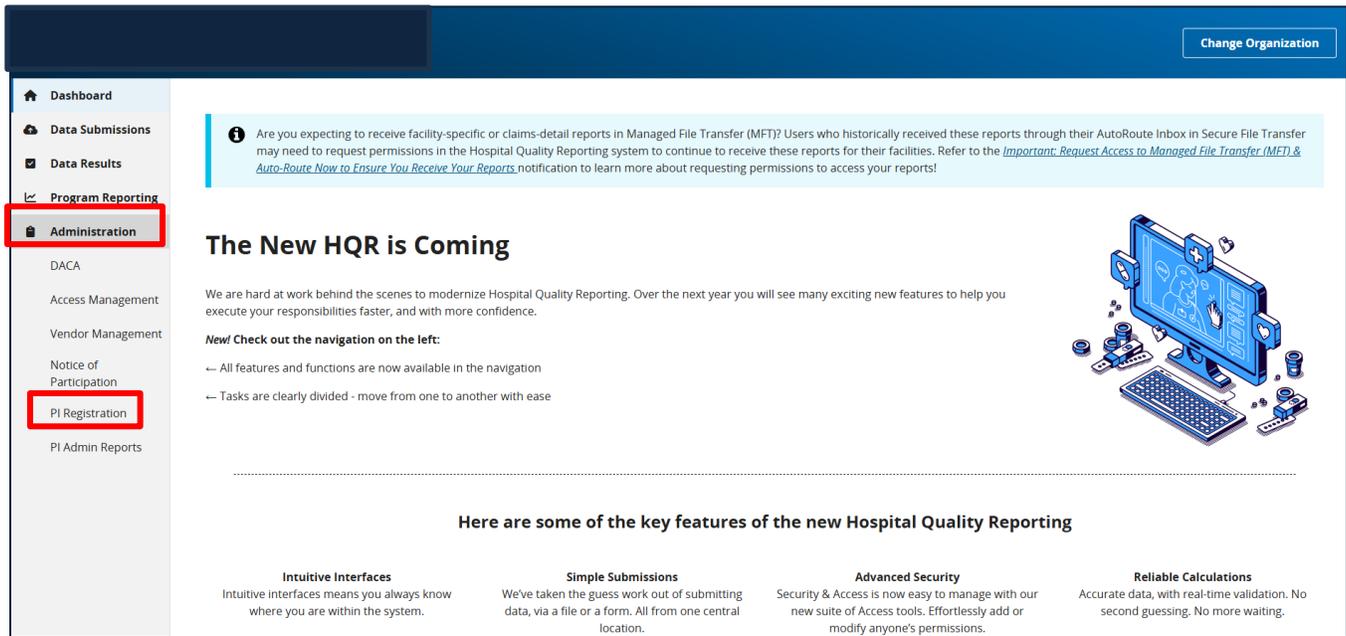
[Back](#) [Save & Close](#)

VI. Promoting Interoperability (PI) Registration

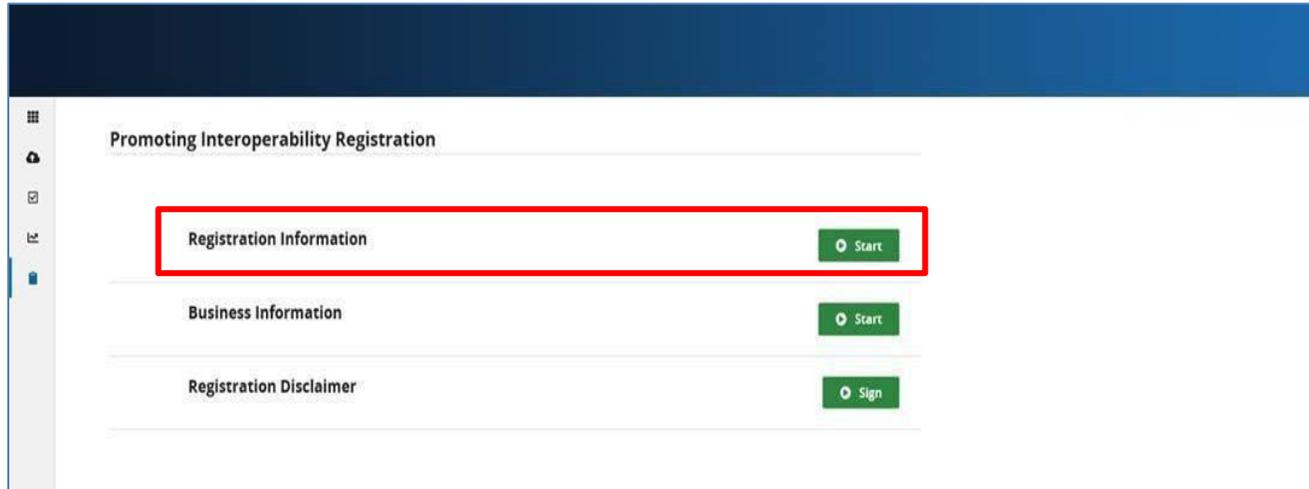
New eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to initially complete the following three sections: *Registration Information*, *Business Information*, and *Registration Disclaimer* on the Promoting Interoperability (PI) Registration page to begin submitting data for the Medicare Promoting Interoperability Program. Existing users can review and/or edit these fields, as necessary.

A. Registration Information

Step 1: From the landing page, select Administration. Then, select Promoting Interoperability (PI) Registration.



Step 2: On the next page, click the green Start button to complete the Registration Information.



Step 3: Complete the required fields. Then, click Save & Return.

The screenshot shows a web form titled "Promoting Interoperability Registration". At the top, there is a light blue header with the text "Registration Information" and "Promoting Interoperability Registration". Below this, a legend indicates that an asterisk (*) denotes a required measure. The main section is titled "Incentive Program Questionnaire" and contains three questions:

- "Please select the Incentive Program *" with a dropdown menu.
- "Please select the Medicare Hospital Type. *" with two radio button options: "Subsection(d) Hospital" and "Critical Access Hospital".
- "Do you have a certified EHR Number. *" with two radio button options: "Yes" and "No".

At the bottom of the form, there are two buttons: "Cancel" and "Save & Return". The "Save & Return" button is highlighted with a red rectangular box.

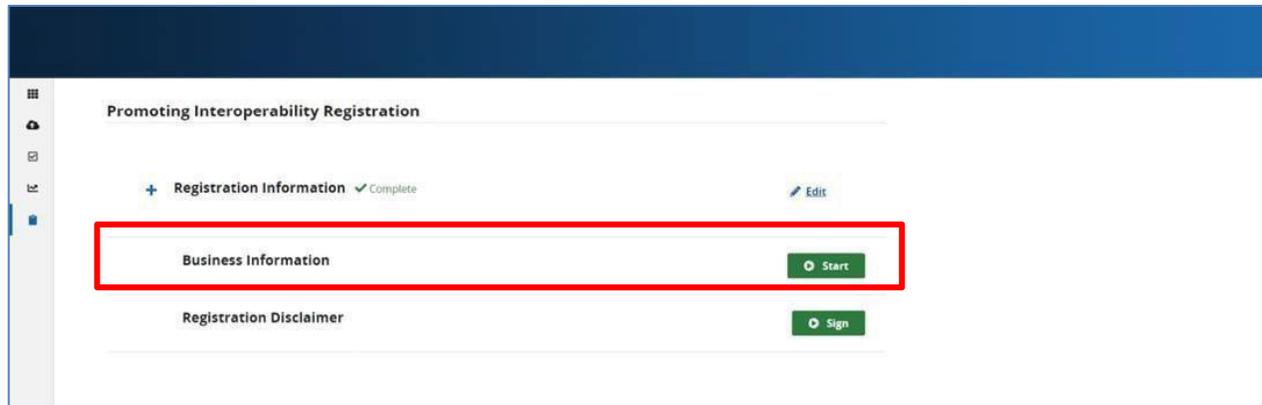
Step 4: Confirm and/or Edit the Registration Information.

The screenshot shows a dashboard titled "Promoting Interoperability Registration". It features a list of registration sections:

- Registration Information**: This section is highlighted with a red box. It includes a plus sign (+) on the left, the text "Registration Information", a checkmark (✓), and the word "Complete". To the right of this section is an "Edit" button with a pencil icon.
- Business Information**: This section has a green "Start" button.
- Registration Disclaimer**: This section has a green "Sign" button.

B. Business Information

Step 1: Click the green Start button to complete the Business Information.



Step 2: Complete the required fields. Then, click Save & Return.

Business Address

Address 1 *

Address 2

City *

State *

Zip Code *

Zip -4

Phone Number *

Enter e-mail address *

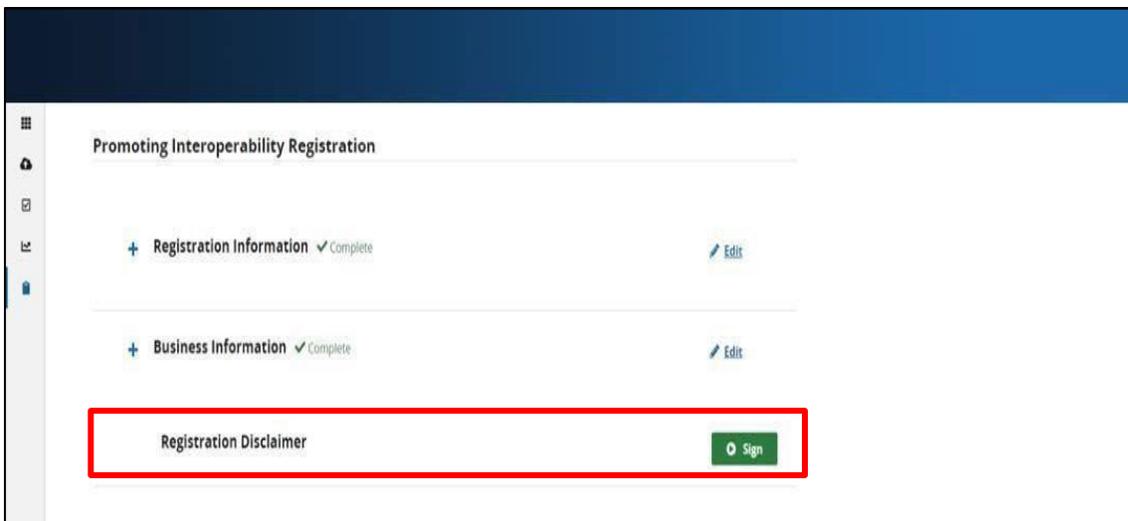
Confirm e-mail address *

Step 3: Confirm and/or Edit the Business Information.

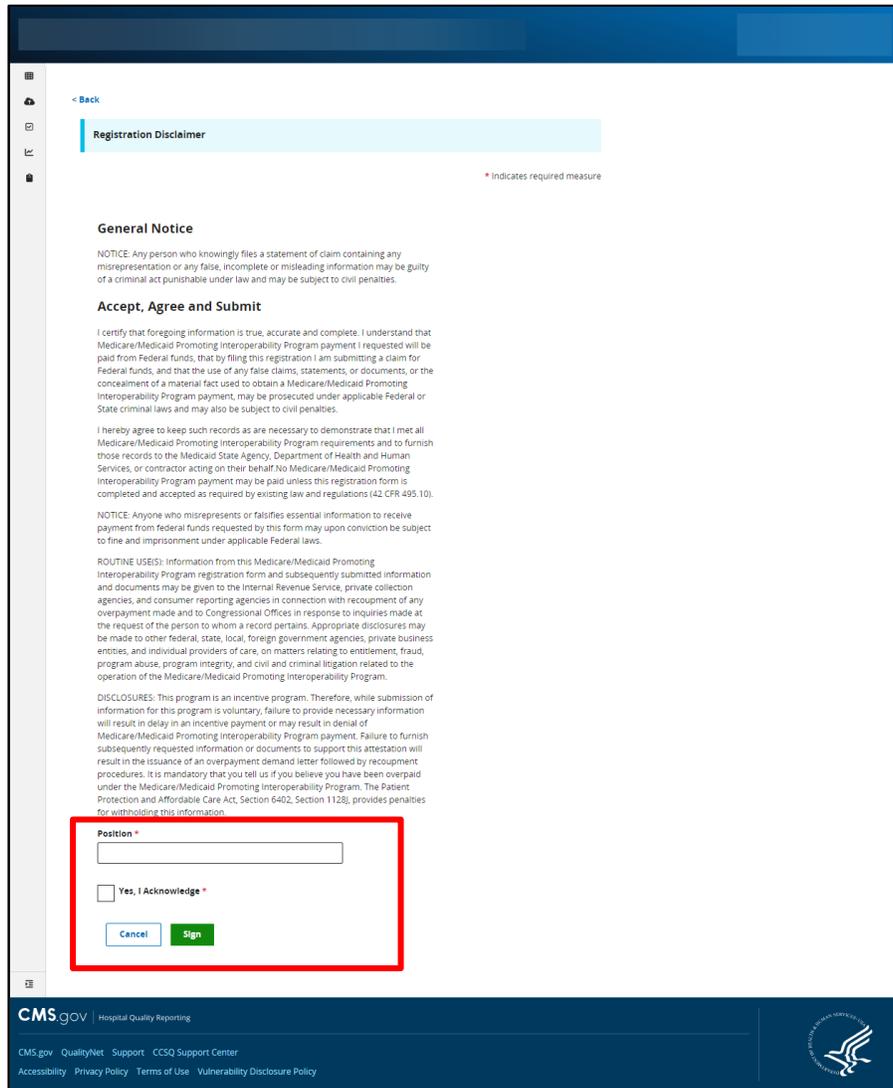


C. Registration Disclaimer

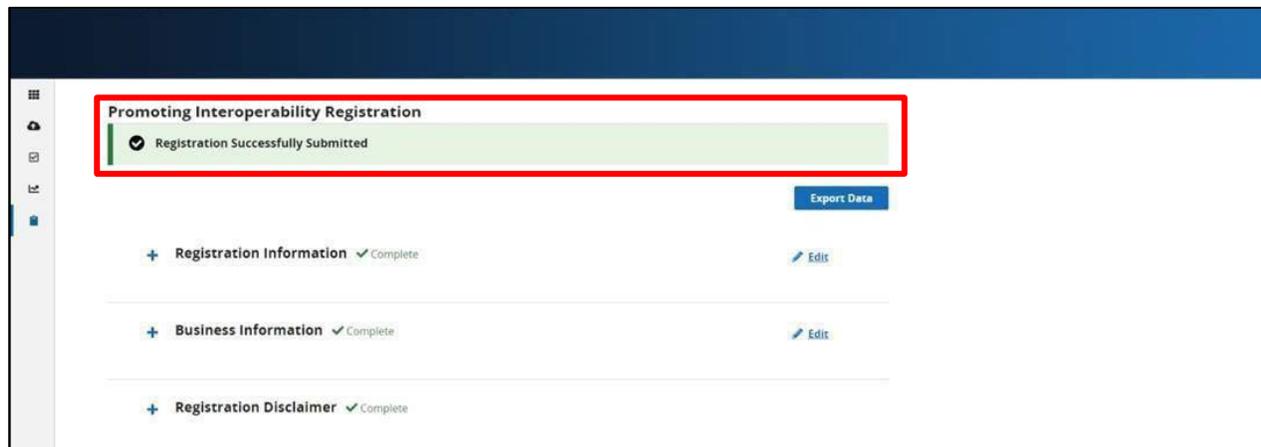
Step 1: Click the green Sign button to complete the Registration Disclaimer.



Step 2: Read and acknowledge the disclaimer. Complete the position field and click Sign.

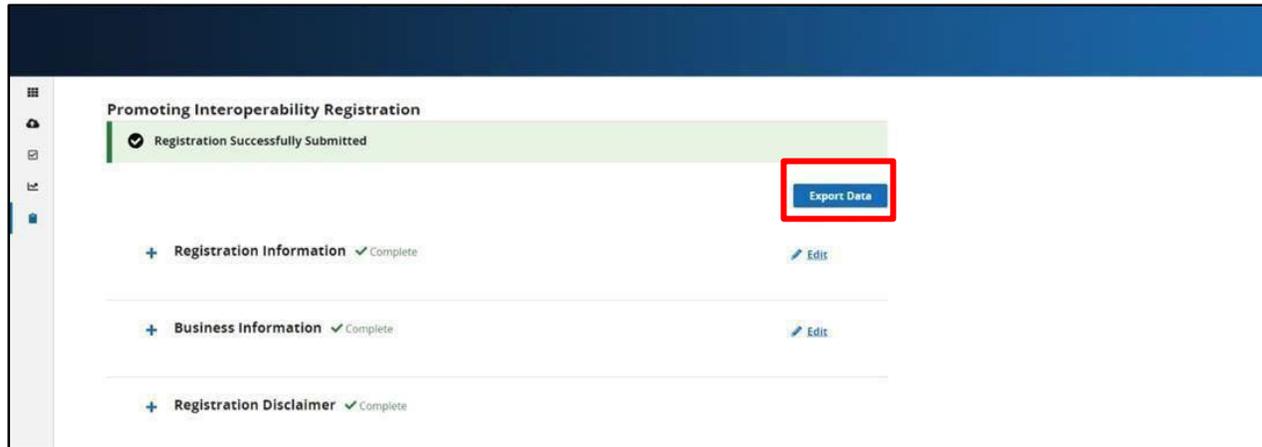


Step 3: Verify the Promoting Interoperability Registration information is complete. A green banner will display noting that registration has been successfully submitted.



Step 4: Click the Export Data button to view the Promoting Interoperability Registration Summary December 2024

as a PDF.

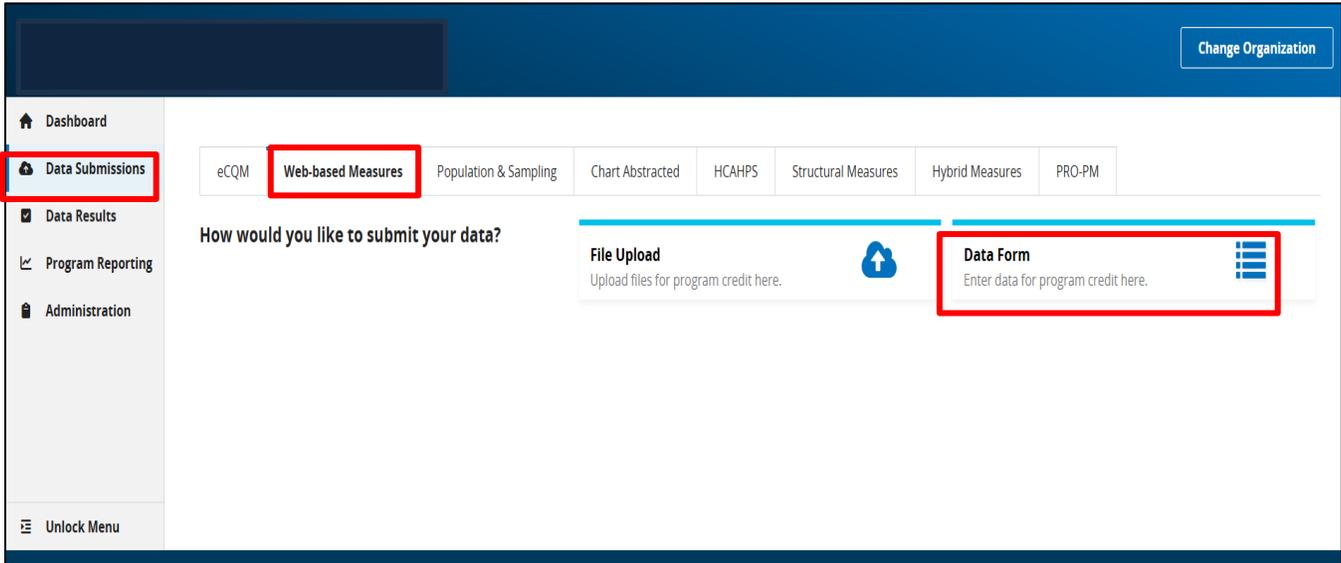


VII. Web-Based Measure Data Submissions

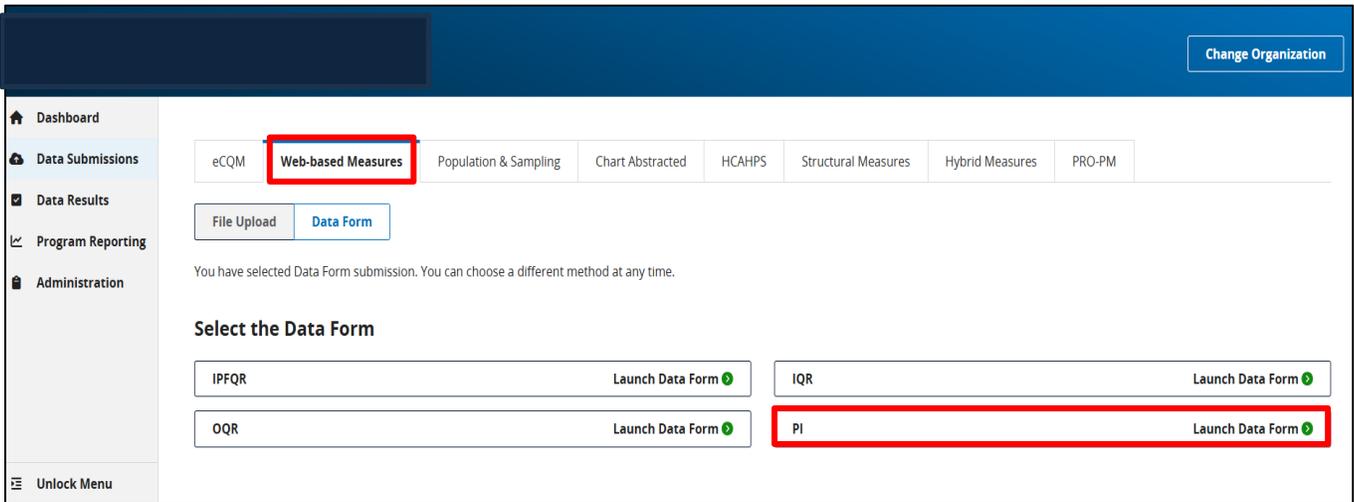
A. Attestation Information/Disclaimer

The tabs displayed may vary depending on the user's permissions.

Step 1: From the landing page under Data Submissions, click on the Web-based Measures tab and select Data Form.



Step 2: Launch the PI Data Form.



Step 3: Click on the green Start button to complete the Attestation Information and Attestation Disclaimer. A blue banner will continually display reminding users to upload eCQM data as any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations and case threshold exemptions. For detailed eCQM submission instructions, refer to the [CY 2024 Preparation Checklist for eCQM Reporting](#).

Note: The Program Year will default to the current reporting period.

Important: If the required registration fields are incomplete, a banner will display indicating the Promoting Interoperability (PI) Registration is required prior to beginning the Attestation/Disclaimer information.

The screenshot displays a dashboard for the Medicare Promoting Interoperability Program. At the top, a light blue banner contains an information icon and the text: "To complete Clinical Quality Measures, upload eCQM data for full calendar year" with an "Upload" button. Below this, the dashboard lists several key areas:

- CMS Certification Number:** Submission Period: 09/30/2024 - 12/15/2029. With Respect to Reporting Period: 01/01/2024 - 12/31/2024. An "Export Data" button is visible.
- Current Submission Period:** Open.
- Attestation/Disclaimer:** Promoting Interoperability. A green "Start" button is present.
- Attestation Information:** Not Submitted (indicated by a yellow triangle icon).
- Attestation Disclaimer:** Not Submitted (indicated by a yellow triangle icon).
- Objectives:** Promoting Interoperability. A grey "Start" button is present.
- Security Risk Analysis:** Not Submitted (indicated by a yellow triangle icon).
- SAFER (Safety Assurance Factors for EHR Resilience):** Not Submitted (indicated by a yellow triangle icon).
- eRx (electronic prescribing):** Not Submitted (indicated by a yellow triangle icon).
- Health Information Exchange:** Not Submitted (indicated by a yellow triangle icon).
- Provider to Patient Exchange:** Not Submitted (indicated by a yellow triangle icon).
- Public Health and Clinical Data Exchange:** Not Submitted (indicated by a yellow triangle icon).

At the bottom of the dashboard, a small text block reads: "The Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program promotes the meaningful use of certified electronic health record technology (CEHRT) to support patient engagement and the electronic exchange of health information. The program highlights CMS's commitment to interoperability, patient access to health information to make fully informed health care decisions, and reducing provider burden."

Step 4: Complete the Attestation Information fields and click Submit.

Important: To generate the CMS EHR Certification Identification Number, visit the [ONC Certified Health Information Technology Product List website](#).

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[< Back](#)

Attestation/Disclaimer
Promoting Interoperability

* Indicates required measure

1 Attestation Information

Please provide your EHR Certification Number *

Please select the method that will be used for All Promoting Interoperability Objectives *

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Promoting Interoperability Objectives.

Observation Service Method

All ED Visits Method

Provide the EHR reporting period associated with the PI Objectives: - Date must fall within Reporting Period.

Start Date (Ex: MM/DD/YYYY) *

End Date (Ex: MM/DD/YYYY) *

I attest that I have submitted or will submit my Clinical Quality Measures data electronically through QRDA files *

I attest that I: *

1. Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

Yes

No

CMS Certification Number:

Submission Period:
09/30/2024 - 12/15/2099

With Respect to Reporting Period:
01/01/2024 - 12/31/2024

Last Updated:
-

I attest that I: *

1. Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and
2. If requested, cooperated in good faith with ONC direct review of its health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

Yes

No

I attest that I:

1. Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and
2. If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the eligible hospital or CAH in the field.

Yes

No

N/A - Submission not required

2 Attestation Disclaimer

Step 5: Read and acknowledge the disclaimer. Complete the position field and click Submit.

Attestation/Disclaimer
Promoting Interoperability

1 Attestation Information

2 Attestation Disclaimer

General Notice

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature of Hospital Representative

I certify that foregoing information is true, accurate and complete. I understand that Medicare Promoting Interoperability Program payment I requested will be paid from Federal funds, that by filing this attestation I am submitting a claim for Federal funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain a Medicare Promoting Interoperability Program payment, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I hereby agree to keep such records as are necessary to demonstrate that I met all Medicare Promoting Interoperability Program requirements and to furnish those records to the Medicaid State Agency, Department of Health and Human Services, or contractor acting on their behalf.

No Medicare Promoting Interoperability Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

ROUTINE USE(S): Information from this Medicare Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicare Promoting Interoperability Program.

DISCLOSURES: This program is an incentive program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in an incentive payment or may result in denial of Medicare Promoting Interoperability Program payment. Failure to furnish subsequently requested information or documents to support this attestation will result in the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare Promoting Interoperability Program. The Patient Protection and Affordable Care Act, Section 6402, Section 112B], provides penalties for withholding this information.

Position *

 Yes, I Acknowledge *

B. Objectives and Measures Information

Each objective is made up of one or more measures consisting of one or more required questions. Some questions are part of a question hierarchy, meaning additional questions may appear depending on how the previous question was answered. A question hierarchy exists when the leading question is an Exclusion question. You will see the word Exclusion at the beginning of these questions.

Answers are required for all displayed questions. The HQR system will not allow users to submit an objective unless all required measures have been completed.

The following screen shots will walk through examples of how the objectives will be displayed and the order in which they will appear.

Step 1: Click the green Start button to submit measure data for the required objectives.

Important: Users are required to complete the Attestation Information/Disclaimer prior to completing the Objectives.

The screenshot displays a user interface for the Medicare Promoting Interoperability program. At the top, it indicates the 'Current Submission Period: Open'. Below this, there are two sections: 'Attestation/Disclaimer' and 'Objectives'. The 'Attestation/Disclaimer' section is marked as 'Submitted' and includes an 'Edit' link. The 'Objectives' section is highlighted with a red rectangular box and contains a green 'Start' button. Below the 'Objectives' section, several other measures are listed, all marked as 'Not Submitted': 'Security Risk Analysis', 'SAFER (Safety Assurance Factors for EHR Resilience)', 'eRx (electronic prescribing)', 'Health Information Exchange', 'Provider to Patient Exchange', and 'Public Health and Clinical Data Exchange'.

Step 2: Complete the Security Risk Analysis measure and click Submit.

1 Security Risk Analysis

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process.

Have you conducted or reviewed a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the eligible hospital or critical access hospitals (CAH) risk management process? *

Yes

No

CMS Certification Number:

Submission Period:

With Respect to Reporting Period:

Last Updated:

Step 3: Complete the SAFER Guides measure and click Submit.

2 SAFER (Safety Assurance Factors for EHR Resilience)

Did you complete a self-assessment using all 9 SAFER Guides? *

Yes

No

Step 4: Complete the eRx (electronic prescribing) Objective and exclusions, if applicable. Then, click Submit.

3 eRx (electronic prescribing)

Generate and transmit permissible discharge prescriptions electronically.

e-Prescribing

For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions

Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

Does this exclusion apply to your facility? *

Query of Prescription Drug Monitoring Program (PDMP)

Select an exclusion option *

Step 4a: If an exclusion applies to your facility, select an exclusion option under the Query of PDMP measure.

e-Prescribing

For at least one hospital discharge, medication orders for permissible prescriptions (for new and changed prescriptions) are transmitted electronically using certified electronic health record technology (CEHRT).

Exclusions

Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

Does this exclusion apply to your facility? *

Yes

Query of Prescription Drug Monitoring Program (PDMP)

Select an exclusion option *

▾

Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period.

Any eligible hospital or CAH that could not report on this measure in accordance with applicable law.

Step 4b: If an exclusion does not apply to your facility, enter the numerator and denominator for the e-Prescribing measure.

Note: A response is required for the Query of PDMP measure.

Exclusions

Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.

Does this exclusion apply to your facility? *

No

Numerator *

Ex. 0,1,2,3,...,99999

Denominator *

Ex. 0,1,2,3,...,99999

Query of Prescription Drug Monitoring Program (PDMP)

For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.

Select a response *

Yes

No

Step 5: Select one of the three reporting options to complete the Health Information Exchange (HIE) Objective. Then, click Submit.

4 Health Information Exchange

The eligible hospital or critical access hospital (CAH), using the functions of certified EHR technology (CEHRT):

- provides a summary of care record when transitioning or referring their patient to another setting of care
- receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient
- incorporates summary of care information from other providers into their electronic health record (EHR).

You have three options to complete this objective

Select an option: *

- Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)
- Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)

Step 5a: If the user selects option one, enter the numerator and denominator for the Support Electronic Referral Loops by Sending Health Information measure and the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure. Then, click Submit.

You have three options to complete this objective

Select an option: *

- Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)
- Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)
- Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)

Support Electronic Referral Loops by Sending Health Information

For at least one transition of care or referral, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care:

1. Creates a summary of care record using certified EHR technology (CEHRT); and
2. Electronically exchanges the summary of care record

Numerator *
This field is required

Denominator *
This field is required

Support Electronic Referral Loops by Receiving and Reconciling Health Information

For at least one electronic summary of care record recived for patient encounters during the electronic health record (EHR) reporting period for which an eligible hospital or CAH was the receiving party or a transition of care or referral or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list.

Numerator *
This field is required

Denominator *
This field is required

Step 5b: If the user selects option two, select Yes or No from the drop-down box. Then, click Submit.

Select an option: *

Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)

Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)

Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)

Engagement in Bi-Directional Exchange Through Health Information Exchange

The eligible hospital or CAH must attest that they engage in bidirectional exchange with an HIE to support transitions of care.

Select a response *

Step 5c: If the user selects option three, select a Yes or No response from the drop-down box. Then, click Submit.

Select an option: *

Support Electronic Referral Loops by Sending Health Information (15 points) and Support Electronic Referral Loops by Receiving and Reconciling Health Information (15 points)

Engagement in Bi-Directional Exchange Through Health Information Exchange (30 points)

Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (30 points)

Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)

The eligible hospital or CAH must attest to the following:

- Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) (in good standing, that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [POS] 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy; AND
- Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Select a response *

Step 6: Complete the numerator and denominator for the Provider to Patient Exchange Objective. Then, click Submit.

5 [Provider to Patient Exchange](#)

Objective: Provides patients (or patient authorized representative) with timely electronic access to their health information.

Measure: Provide Patients Electronic Access to Their Health Information: For at least one unique patient discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit this or her health information; and the eligible hospital or CAH ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interfaces (API) in the eligible hospital or CAH's certified electronic health record technology (CEHRT).

Numerator: Provide Patients Electronic Access to Their Health Information *

Ex. 0,1,2,3,...,99999

Denominator: Provide Patients Electronic Access to Their Health Information *

Ex. 0,1,2,3,...,99999

Step 7: Complete all five measures under the Public Health and Clinical Data Exchange Objective. Users are required to answer Yes or provide an exclusion for each measure.

Important: For each Yes response, a level of active engagement is required for each measure.

Select level of engagement *

Pre-production and validation

Pre-production and validation

Validated data production

6 Public Health and Clinical Data Exchange

Measures that an eligible hospital or critical access hospital (CAH) attests yes to being in active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT for two measures of their choice within the objective.

⚠ You must answer yes or provide an exclusion for all of the following measures:

- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Electronic Reportable Laboratory Result Reporting
- Antimicrobial Use and Resistance Surveillance Reporting

Immunization Registry Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/Immunization information system (IIS).

Select a response *

Syndromic Surveillance Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an urgent care setting.

Select a response *

Electronic Case Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit case reporting of reportable conditions.

Select a response *

Electronic Reportable Laboratory Result Reporting

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit ELR results.

Select a response *

Antimicrobial Use and Resistance (AUR) Surveillance Reporting

The eligible hospital or CAH is in active engagement with the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) to submit AUR data for the Electronic Health Record (EHR) reporting period and receives a report from NHSN indicating their successful submission of AUR data for the EHR reporting period. Review the AUR [fact sheet](#) for more information.

Select a response *

Step 7a: (Optional) Complete one bonus question under the Public Health and Clinical Data Exchange Objective. Select a Yes or No response from the drop-down box. Then, click Submit.

Important: For a Yes response, a level of active engagement is required.

Select level of engagement *

Pre-production and validation

Pre-production and validation

Validated data production

⚠ To receive the five bonus points for this objective, you must:

- meet submission requirements, and
- answer at least one bonus question

Clinical Data Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement to submit data to a clinical data registry (CDR).

Select a response

Public Health Registry Reporting (bonus)

The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

Select a response

Cancel **Submit**

Step 8: After you have completed each objective, the dashboard will display the final score. Green indicates a passing score; Red indicates a “failed” or non-passing score.

Note: The screenshots below are examples and do not reflect the actual scores achieved.

A. Passing Score

Objectives
Promoting Interoperability [Edit](#)

+ Security Risk Analysis ✓ Submitted

+ SAFER (Safety Assurance Factors for EHR Resilience) ✓ Submitted

+ eRx (electronic prescribing) ✓ Submitted
Score for the Objective
10

+ Health Information Exchange ✓ Submitted
Score for the Objective
18

+ Provider to Patient Exchange ✓ Submitted
Score for the Objective
8

+ Public Health and Clinical Data Exchange ✓ Submitted
Score for the Objective
30

Final Score
Passed
66
To receive a passing score:
* Objective Scores must add up to at least 60
* No objective may receive a score of 0

B. Failed Score

+ eRx (electronic prescribing) ✓ Submitted
Score for the Objective
11

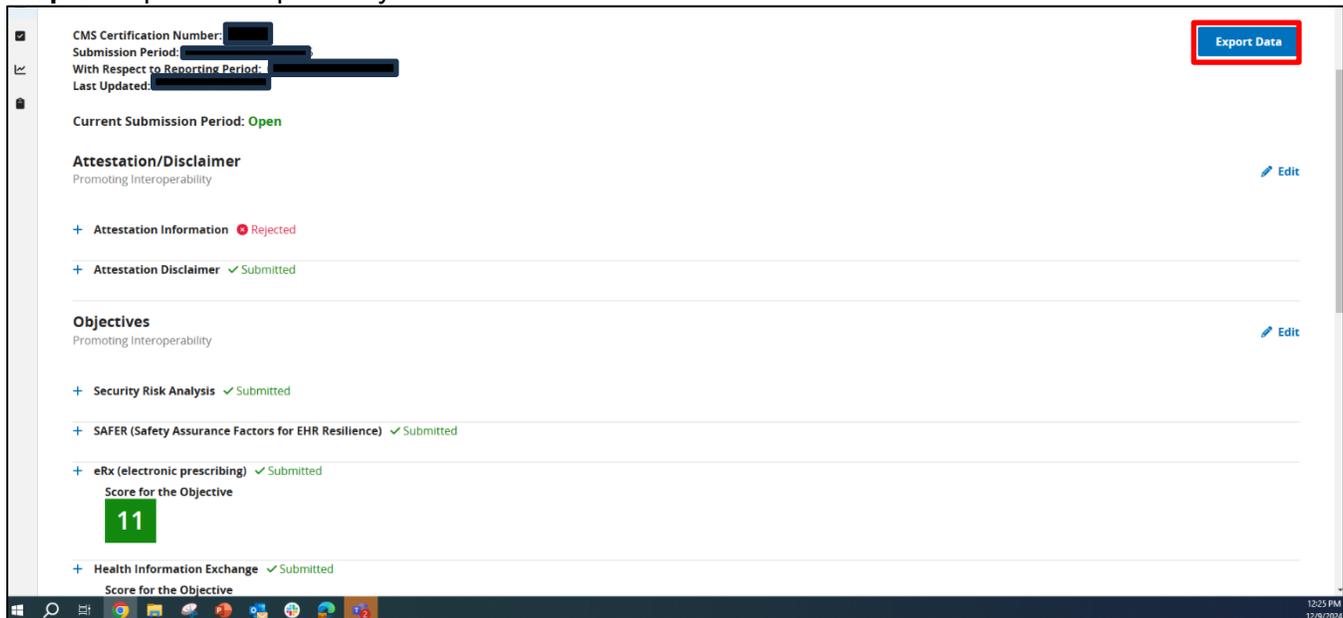
+ Health Information Exchange ✓ Submitted
Score for the Objective
8

+ Provider to Patient Exchange ✓ Submitted
Score for the Objective
33

+ Public Health and Clinical Data Exchange ✓ Submitted
Score for the Objective
0

Final Score
Failed
52
To receive a passing score:
* Objective Scores must add up to at least 60
* No objective may receive a score of 0

Step 9: Export the report for your records.



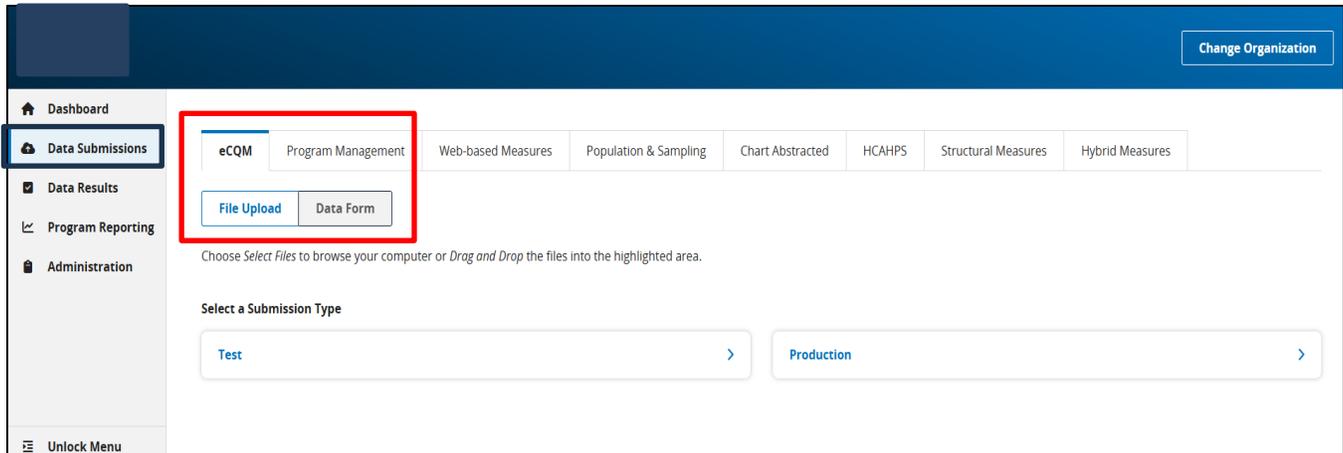
VIII. eCQM Data Submissions

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program are required to successfully submit eCQM data per the calendar year reporting requirements. The eCQM reporting requirement is an aligned requirement for hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program and the Medicare Promoting Interoperability Program. The successful submission of eCQM data will meet the eCQM reporting requirement for both programs. For complete information on the CY 2024 eCQM reporting requirements, please visit the [eCQM pages on QualityNet](#).

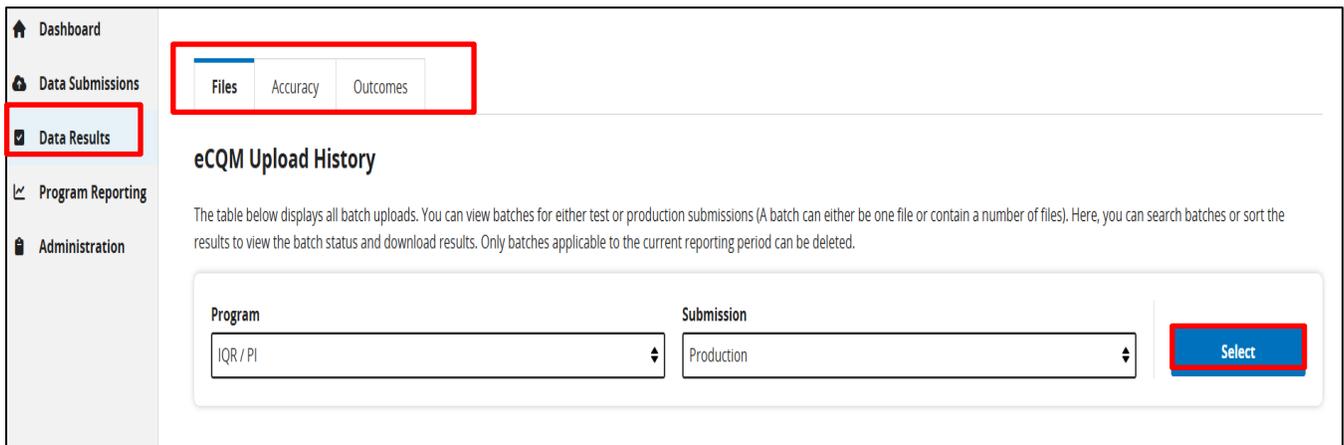
Users can upload eCQM data as any combination of QRDA Category I files with patients meeting the initial patient population of the applicable measure(s), zero denominator declarations, and case threshold exemptions. For detailed eCQM submission instructions, refer to the [CY 2024 Preparation Checklist for eCQM Reporting](#).

A. Uploading and Reviewing Data Submitted via QRDA Category I Files

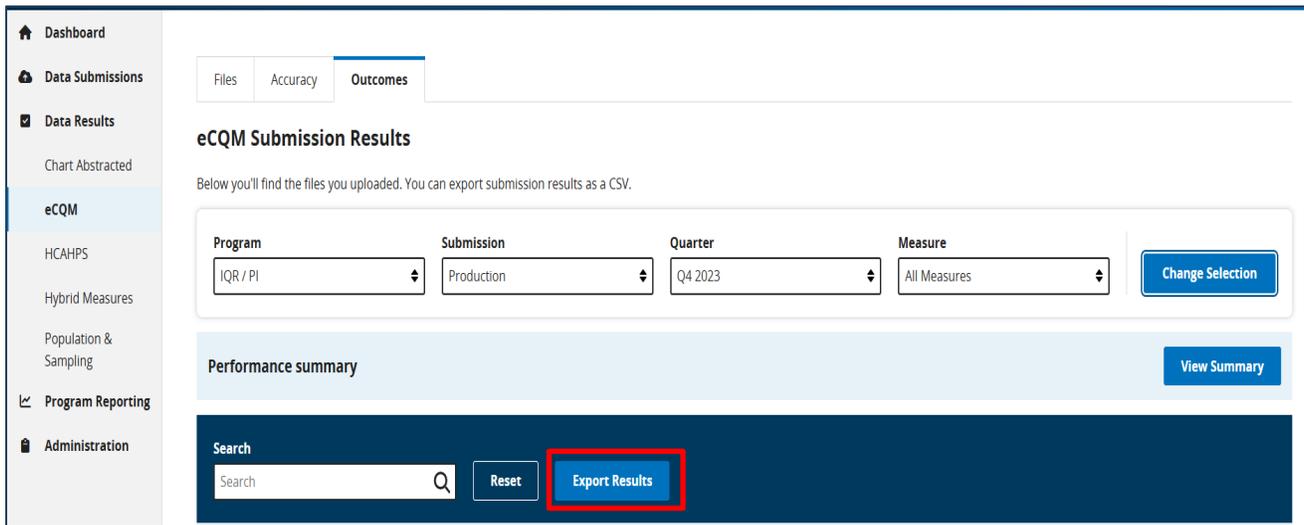
Step 1: From the landing page, select Data Submissions. Click on the eCQM tab located at the top. Click on File Upload. Select Submission Type as Test or Production.



Step 2: Once your files have been uploaded, click on Data Results from the left-side menu. Then, click on eCQM. Located at the top, the user can select one of the three tabs displayed (Files, Accuracy, and Outcomes) and complete the applicable fields below. Then, click Select.

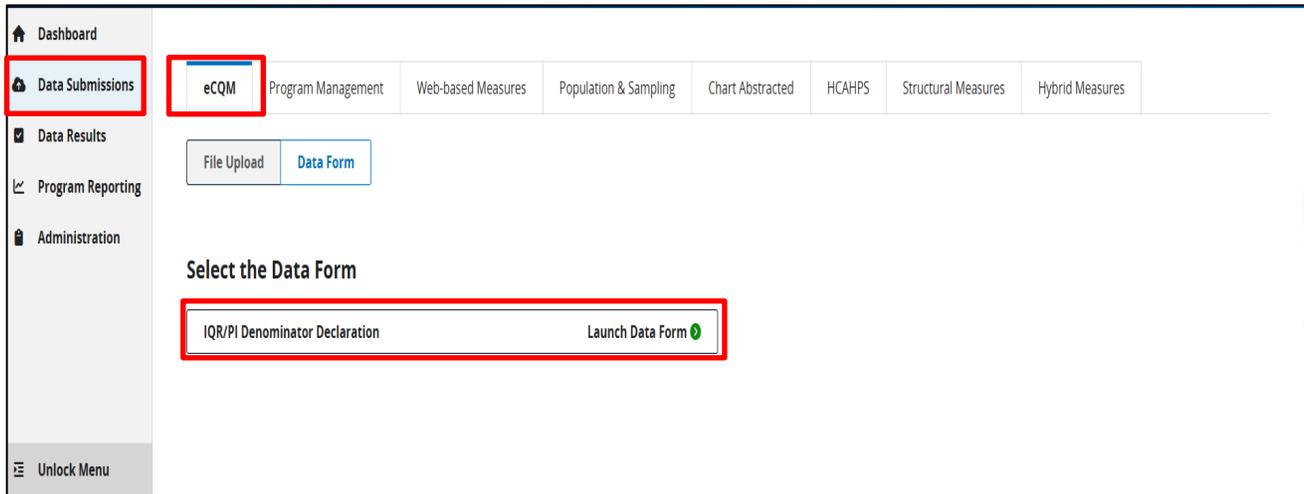


Step 3: To view a CSV file, click on Export Results.



B. Entering Denominator Declarations (if they apply)

Step 1: From the landing page, select Data Submissions. Click on the eCQM tab located at the top. Click on the Data Form box and Launch the IQR/PI Denominator Declaration Data Form.



Step 2: Enter the declarations for case threshold and/or zero denominator for each applicable measure and quarter. Then, click I'm Ready to Submit.

Note: File submissions will overwrite denominator declarations. The HQR system will validate successfully submitted eCQM(s) via QRDA Category I files even if the user has already submitted a zero denominator and/or case threshold exemption.

CY 2024 HQR User Guide for the Medicare Promoting Interoperability Program

Denominator Declaration

For each measure, determine how many cases from the discharge quarter meet the Initial Patient Population (IPP) requirements. If you have:

- **Five or fewer cases:** Select the appropriate number (0-5).
- **More than five cases:** Leave the dropdown blank. Submit your measure data under eCQM submissions.

Some measures have different requirements for denominator populations. If none of your cases meet those requirements, select **Zero denominator declaration**.

The HQR System will display results of the most recent successful submission. Resubmitting this form or submitting via eCQM will overwrite previous submissions.

Discharge Quarter: Q4 2024

Measure	Zero Denominator Declaration / Case Threshold Exemption
Safe Use of Opioids	Safe Use of Opioids - Concurrent Prescribing
PC-02	Cesarean Birth
PC-07	Severe Obstetric Complications
STK-2	Discharge on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy by End of Hospital Day Two
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-HYPO	Hospital Harm - Severe Hypoglycemia
HH-HYPER	Hospital Harm - Severe Hyperglycemia
HH-ORAE	Hospital Harm - Opioid-Related Adverse Events
GMCS	Global Malnutrition Composite Score

I'm ready to submit

Zero denominator declaration
0 cases (case threshold exemption)
1 case (case threshold exemption)
2 cases (case threshold exemption)
3 cases (case threshold exemption)
4 cases (case threshold exemption)
5 cases (case threshold exemption)

C. Program Credit Report

Step 1: From the landing page, click on Program Reporting. Then, click on Program Credit. Select the PI Program and Quarter from the drop-down boxes. Then, click Select.

Program Credit Report

Review how the data you have uploaded applies toward program credit.

Program: PI Quarter: Q4 2024 **Select**

Dashboard
Data Submissions
Data Results
Program Reporting
Measure details
Submission requirements
Performance Reports
Program Credit
Public Reporting

Step 2: The user interface will show which measures were submitted, the submission status, and the date of the last submission update. Export the report for your records.

Important: A green banner indicates successful submission was achieved for the reporting year; A yellow banner indicates successful submission was not achieved for the reporting year.

A. Submission Requirements Met

Promoting Interoperability (PI)
Export Report

eCQM

✔
Submission Requirements Met

In all discharge quarters, submit the same six measures:

- the Safe Use of Opioids, PC-02 and PC-07 measures, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2024 data for payment in fiscal year 2024 (CAHs) or 2026 (eligible hospitals).

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

To submit successfully:

- Use ONC health IT certification criteria to meet the CEHRT requirement
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

Measure	Submission Status	Last Updated
Safe Use of Opioids*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
PC-02*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
PC-07*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-2*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-3*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
STK-5*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
VTE-1*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
VTE-2*	Zero Denominator Declaration*	9/23/2024 5:55:08 PM
HH-HVPO*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
HH-HYPER*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
HH-ORAE*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM
GMCS*	Case Threshold Exemption Declaration*	9/23/2024 5:55:08 PM

B. Submission Requirements Not Met

Promoting Interoperability (PI)

Export Report

eCQM

Submission Requirements Not Met

In all discharge quarters, submit the same six measures:

- the Safe Use of Opioids, PC-02 and PC-07 measures, and
- three measures of your choice (these measures must be the same across quarters)

Participating facilities must submit calendar year 2024 data for payment in fiscal year 2024 (CAHs) or 2026 (eligible hospitals).

This report shows successfully submitted measures that meet eCQM reporting requirements. Measures that aren't shown are considered "Not Submitted." To view a list of all measures, refer to the [eCQM measure set](#).

To submit successfully:

- Use ONC health IT certification criteria to meet the CEHRT requirement
- Submit Quality Reporting Document Architecture (QRDA) Category I files, zero denominator declarations, or case threshold exemptions

File submissions overwrite denominator declarations

No data are currently available

Data for your selection are not ready at this time. Once files are uploaded and processed, this area will be updated and the data will be available for viewing. Data processing can take up to 24 hours.

This HQR Program Credit Report is accurate as of the "Last Updated" date above. If you resubmit files, modify denominator declarations, or make other reporting changes, you should rerun the report prior to the submission deadline to confirm the submission status of eCQMs submitted to the Hospital IQR, OQR, and/or PI programs.

This view facilitates monitoring of submissions to the HQR system. It does not confirm or deny that a facility qualifies for the annual payment update.